California Department of Public Health, California Tobacco Control Program
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# Behavioral Health Fact Sheet

## Model Policies for Behavioral Health Settings

**Alameda County Behavioral Health Care Services** (ACBHCS)
http://www.acbhcs.org/tobacco/guidelines.htm
ACBHCS Provider Tobacco Policies and Consumer Treatment Protocols: Alameda County Behavioral Health Care Services is committed to addressing and treating tobacco dependence in all of their programs.

## Additional Resources

**The California Smokers Helpline**
http://www.californiasmokershelpline.org
The California Smokers' Helpline is a telephone program that can help you quit smoking. Helpline services are free, funded by the California Department of Public Health and by First 5 California. 1-800-NO-BUTTS.

**The Center for Tobacco Cessation (CTC)**
http://www.centerforcessation.org/request_tech_assistance.html
CTC provides training and technical assistance to organizations statewide to increase their capacity in tobacco cessation.

CTC created a myth debunking fact sheet that dispels long-held myths about tobacco cessation and persons with mental illness or substance abuse disorders. http://www.centerforcessation.org/documents/mentalillnessandsubstanceusedisorders.pdf

**Smoking Cessation Leadership Center (SCLC)**
http://smokingcessationleadership.ucsf.edu/MH_Resources.htm
The Smoking Cessation Leadership Center (SCLC) aims to increase smoking cessation rates and increase the number of health professionals who help smokers quit.

**Tobacco-Free Policy Toolkit**
http://smokingcessationleadership.ucsf.edu/tf_policy_toolkit.pdf
The toolkit was developed with support from SCLC Los Angeles County Project TRUST and the Center for Disease Control and Prevention. The toolkit was developed for a broad continuum of public health care organizations and treatment facilities, particularly those organizations serving persons with mental illnesses and addictions.

**University of Colorado, Denver: Behavioral Health and Wellness Program**
http://www.bhwellness.org/resources-2/for-providers
The mission of The Behavioral Health and Wellness Program is to improve the quality of life for individuals and communities through research, evaluation, education, clinical care, and policy change.

**Smoke Alarm: The truth about smoking and mental illness**
https://rover.catcp.org/index.cfm?fuseaction=search.runSearch&searchID=95935&startRecord=4&logSearch=0&viewFormat=full
A 19 minute DVD that features a case study of a psychiatric facility that adopts a comprehensive tobacco cessation and wellness policy.

**A hidden epidemic: Tobacco use and mental illness**
http://www.legacyforhealth.org/PDF/A_Hidden_Epidemic.pdf
A publication that calls attention to the issue of the high prevalence of tobacco use and nicotine dependence among people with mental illnesses and highlights barriers to effective tobacco cessation efforts to help people with mental illnesses quit.

## Additional Peer Reviewed Journal Articles

Khara M, Okoli (2011) Smoking cessation outcomes among individuals with substance use and/or psychiatric disorders. *Journal of Addiction & Research Therapy.* 2:115. doi:10.4172/2155-6105.1000115

Morris, C., Waxmonsky, J., May, M., Tinkelman, D., Dickinson, M., & Giese A. (2011). Smoking reduction for persons with mental illnesses: 6 month results from community-based interventions. *Community Mental Health Journal,* doi: 10.1007/s10597-011-9411-z

Prochaska, J. (2010). Failure to treat tobacco use in mental health and addiction treatment settings: A form of harm reduction? *Drug and Alcohol Dependence,* 110, 177-182.

Prochaska, J.J., Reyes, R.S., Schroeder, S.A., Doederlein, A., Daniels, A.S., Bergeson, B. (2011). An online survey of tobacco use, intentions to quit, and cessation strategies among people living with bipolar disorder. *Bipolar Disorder,* 13, 466–473.

Schroeder, S.A. (2011). Depression, smoking, and health disease: How can psychiatrists be effective? *The American Journal of Psychiatry. 168*:876-878. 10.1176/appi.ajp.2011.11050708

For the purposes of this Fact Sheet, Behavioral Health is a term that describes both mental health clients and people with substance abuse disorders.

## Nationally

- Between 77 percent and 93 percent of clients in substance abuse treatment settings use tobacco.[1]
- Smoking rates in the mental health and substance abuse disorder population are 2-4 times higher than the general population.[2]
- People with serious mental illness die, on average, 25 years before the general population, and most major causes of death are worsened by smoking.[3]

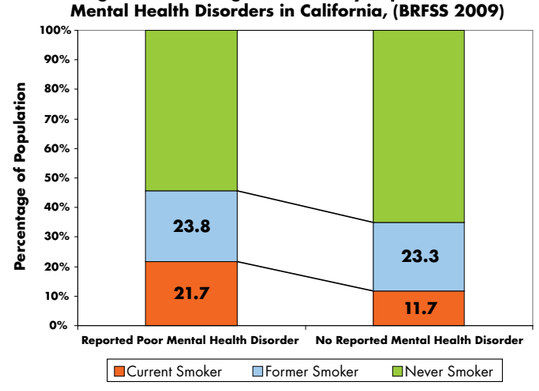
## Adult Smoking Prevalence by Diagnosis[4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15]

| | |
|---|---|
| Schizophrenia | 62-90% |
| Bipolar disorder | 51-70% |
| Major depression | 36-80% |
| Anxiety disorder | 32-60% |
| Post-traumatic stress disorder | 45-60% |
| Attention deficit/hyperactivity disorder | 38-42% |
| Alcohol abuse | 34-80% |
| Other drug abuse | 49-98% |

## In California

- People reporting a poor mental health disorder, defined as at least 10 days during the past month where an individual's health was not good, were almost twice as likely to be smokers as compared to people with no mental health disorder (21.7 percent vs. 11.7 percent) (See Figure 1).[16]
- People with substance abuse disorders who also engage in risky health behaviors (i.e. binge drinking, heavy drinking, and unprotected sex) are more likely to be current smokers.[16]

**Figure 1. Smoking Prevalence by Reported Poor Mental Health Disorders in California, (BRFSS 2009)**




*Reported poor mental health disorder is defined as at least 10 days during the past month where an individual's health was not good*

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# De-normalizing Tobacco Use in the Mental Health and Substance Abuse Setting

## Tobacco Treatment in Behavioral Health Facilities

The culture of mental health and substance abuse care often reinforces tobacco use in treatment settings and residential facilities.[17]

- Less than a quarter of outpatients with psychiatric diagnoses receive smoking cessation-related counseling from their physicians. Among hospitalized psychiatric patients, only one percent were assessed for smoking, and none of the treatment plans addressed tobacco use.[18]
- Mental health and substance abuse providers often think cessation is unrealistic. Smoking is viewed as a personal freedom[19] and is seen as a less immediate problem than other forms of substance abuse.[20]
- Smoking breaks are often incorporated into daily activities. In general, there is little motivation among mental health care providers to make tobacco cessation a priority.[21]
- Sobriety rates are higher among clients who stop smoking.[22]

## Smoke-free Policies and the Behavioral Health Setting

Mental health facilities that have implemented smoke-free policies report that patient health improved and that facilities had cleaner outdoor areas.[23]

- Many practitioners believe that restricting or banning tobacco use in mental health facilities can lead to increased levels of coercion and violence. However, evidence indicates that smoking bans in these facilities decreased violence and coercion.[24, 25]
- Banning smoking in mental health facilities resulted in increased availability of tobacco cessation medication, reduced use of seclusion and restraints, and decreased threats among patients and staff.[23]

## The Need for Cessation Services

Individuals with behavioral health disorders respond to the same evidence-based cessation approaches as the general population.[26] Although there are numerous barriers to tobacco interventions due to behavioral health system factors, client/consumer factors, and clinician factors,[22] persons with mental illness and substance abuse disorders can and do successfully quit using tobacco.[27]

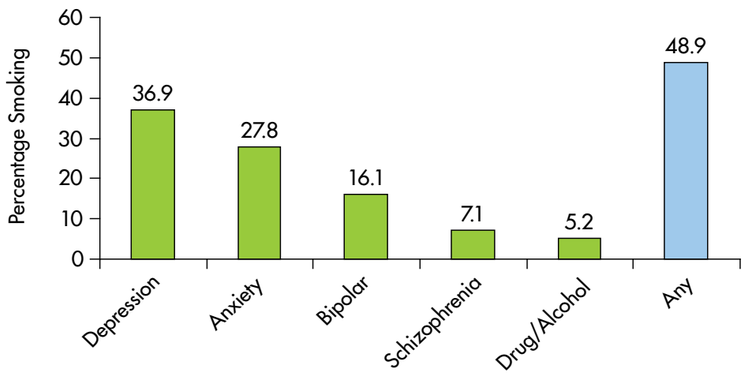
- Tobacco cessation enhances long-term recovery for persons with substance abuse disorders.[28] Nicotine interacts negatively with drugs prescribed to treat behavioral health disorders, as a result poor drug treatment outcomes occur.[29]
- Tobacco cessation does not negatively affect abstinence from other substances and will not worsen mental illness or cause persons with substance abuse disorders to relapse.[22]
- Tobacco cessation services are available for people with behavioral health disorders. In California, the "Ask, Advise, Refer" model is an intervention that can be implemented in Mental Health and Substance Abuse treatment facilities.[22]
- 50 percent of callers to the California Smokers' Helpline report a history of mental illness (see Graph 1). The motivation of these clients to quit, and the rate of success in quitting, is similar to that of the general population.[30]

## Financial Burden

People with mental illness typically rely on fixed incomes and the high prevalence of tobacco use in this population has a significant economic impact.[31, 32]

- Smokers with schizophrenia spend as much as a quarter of their income on cigarettes.[31]
- 175 billion cigarettes are sold to people with psychiatric disorders in the United States each year, earning tobacco companies approximately $39 billion.[33]

**Graph 1. Self-Reported Behavioral Health Issues Among Helpline Callers**




(Zhu,et al, 2009. Unpublished data)

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